FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

13	82806

OMB APPROVAL

Washi	ngton, D.C. 20549		Expires: 3235-0076
RECEIVED F	ORM D		Estimated average burden hours per response16.00
NOTICE OF S	ALE OF SECURITIE	ES	SEC USE ONLY
PURSUANT	ΓO REGULATION D	•	Prefix Serial
	N 4(6), AND/OR	,	DATE RECEIVED
199 UNIFORM LIMITE	D OFFERING EXEM	PTION	
Name of Offering Check if this is an amendment and name has cl	nanged, and indicate change.)		
Change from Rule 504 to Rule 506 Filing Under (Check box(es) that apply): Rule 504 Rule 50			
Filing Under (Check box(es) that apply): Rule 504 Rule 50  Type of Filing: New Filing  Amendment	5 Rule 506 Section 4(6	) 🗌 ULOE	
A. BASIC ID	ENTIFICATION DATA		1 11 11 11 11 11 11 11 11 11 11 11 11 1
1. Enter the information requested about the issuer			07044275
Name of Issuer ( check if this is an amendment and name has change	red, and indicate change)		
Randy Clouse Clothing Company	, , ,		
Address of Executive Offices (Number an	d Street, City, State, Zip Code)	Tulanhona	Number (Individual Control
125 East Main Street, suite 144, American Fork, UT 84003	only, oute, zip couc,	(801) 602-5	Number (Including Area Code)
Address of Principal Business Operations (Number a (if different from Executive Offices)	nd Street, City, State, Zip Code)		: Number (Including Area Code)
355 West 1450 North, American Fork, UT 84003		888-SUITS-	88
Type of Business Organization  Corporation  Dusiness trust  Imited partnership, alread limited partnership, to be f  Month  Actual or Estimated Date of Incorporation or Organization: O 6  Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Pos	Year	please specify):	PROCESSED  MAR 0 5 2007
CN for Canada; FN for GENERAL INSTRUCTIONS	tal Service abbreviation for State other foreign jurisdiction)		THOMSON FINANCIAL
Federal: Who Must File: All issuers making an offering of countries in the			

ile: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or hear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

## State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## ATTENTION-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

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2. Enter the information i	equested for the fo				<u> </u>	<u></u>		
		suer has been organized						
								ss of equity securities of the issuer
		of corporate issuers and	of corpo	orate general and ma	naging	g partners o	f partn	ership issuers; and
• Each general and	managing partner o	of partnership issuers.						
Check Box(es) that Apply:	Promoter	Beneficial Owne	st 🔼	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, CLOUSE, Randal K.	ıf individual)				_	,	<del></del>	
Business or Residence Addre 344 West 1450 North, A			Code)		<b>-</b>	<del>-</del>	<del>-</del>	
Check Box(es) that Apply:	Promoter	Beneficial Owne	ı 🗌	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first,	if individual)		<del></del>	·-		·		
Business or Residence Addre	ess (Number and	Street, City, State, Zip	Code)					
Check Box(es) that Apply:	Promoter	Beneficial Owne	ι 🗌	Executive Officer		Director	J	General and/or Managing Partner
Full Name (Last name first, i	f individual)			<del></del>				
Business or Residence Addre	ss (Number and	Street, City, State, Zip	Code)	<del></del> .				·
<u> </u>								
Check Box(es) that Apply:	Promoter	Beneficial Owner	r 🗌	Executive Officer		Director		General and/or Managing Partner
full Name (Last name first, i	f individual)							
Business or Residence Addre	ss (Number and	Street, City, State, Zip	Code)	<u> </u>				
Check Box(es) that Apply:	Promoter	Beneficial Owner	r 🔲	Executive Officer		Director		General and/or Managing Partner
full Name (Last name first, i	f individual)		-		-			
Business or Residence Addre	ss (Number and S	Street, City, State, Zip (	Code)		<del></del> ,	<del></del>		
heck Box(es) that Apply:	Promoter	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
ull Name (Last name first, it	f individual)							
usiness or Residence Addres	ss (Number and S	Street, City, State, Zip (	Code)			· .	<del></del> -	
heck Box(es) that Apply:	Promoter	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
ull Name (Last name first, if	individual)	<u> </u>						
		·				. •		
usiness or Residence Addres	s (Number and S	Street, City, State, Zip C	Code)					
	(Use blan	k sheet, or copy and use	e additio	onal copies of this sh	icet, a	s necessary)		

الواد الميان				)* - <b>B.</b>	INFORMA	TION ABÓ	UT OFFER	IŃG	yr .	r		<b>191</b> 7 1
1. Has t	he issuer so	ld, or does	the issuer	intend to s	ell to non-	accredited	investors i	in this offe	ring?		Yes	No
		,			n Appendi				-	***************************************		X
2. What	is the mini	mum invest					_			*************	\$ 5,0	00.00
3. Does	3. Does the offering permit joint ownership of a single unit?										Yes	No
	the informa										A	×
comn If a pe or sta	nission or sir erson to be li tes, list the r ker or deale	nilar remun sted is an a name of the	eration for ssociated p broker or c	solicitation erson or ag lealer. If m	n of purchas sent of a bro sore than fiv	sers in cont ker or deal /e (5) perso	nection with er registere ons to be lis	h sales of se ed with the ited are ass	curities in	the offering		
Full Name	(Last name	first, if inc	dividual)								<del></del>	;
Business of	r Residence	Address (	Number an	d Street, C	City, State,	Zip Code)		·	<del></del>			<del></del>
Name of A	ssociated B	roker or De	ealer		<del> </del>		·					
		<u> </u>		··-								
	Vhich Perso											<u></u>
(Chec	k "All State	s" or eneck	individua	1 States)		•••••		***************************************		***************************************	☐ A!	I States
AL IL MT RI	AK IN NE SC	IA NV SD	KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	DE MD NC VA	MA ND WA	FL Ml OH WV	GA MN OK W1	HI MS OR WY	MO PA PR
Full Name	(Last name	first, if ind	lividual)	,=.	<u> </u>	<u> </u>	<del></del>		··	u		
Business o	or Residence	Address (	Number ar	d Street C	Vity Ctata	7: Codo			<u> </u>			
				iu street, e	my, state,	zip Couc)						
Name of A	ssociated B	roker or De	aler		-		<u>,                                     </u>	<u> </u>	<u></u>			M
States in W	hich Persor	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers	<del></del> .					
(Checl	k "All State:	s" or check	individua	States)		•••••					☐ Al	I States
AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	<b>GA</b>	HI	ID
IL I	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT RI	NE SC	NV SD	NH TN	NJ TX	NM UT	NY VT	NC VA	ND (WA)	OH	OK	OR	PA
	(Last name						<u>(VA)</u>	WA	WV	WI	WY]	PR
			,									
Business o	r Residence	Address (1	Number an	d Street, C	ity, State,	Zip Code)				-		
Name of As	ssociated Br	oker or De	aler			•			<del></del>	<del></del>	<u>.                                    </u>	
States in W	hich Person	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						
	"All States							********		··········		States
AL	AK	ΑZ	AR	CA	CO	CT	DĒ	DC	FL	GA	HI	[ID]
IL	IN	ĪA	KS	KY	LA	ME]	MD	MA	MI	MN	MS	MO
MT RI	NE SC	NV SD	NH TN	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF	PROGEEDS	
1.	Enter the aggregate offering price of securities included in this offering and the total amount alread sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, chec this box \(  \) and indicate in the columns below the amounts of the securities offered for exchange an already exchanged.	y L	
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$ 0.00	§ 0.00
	Equity		- \$ \$ 0.00
	✓ Common Preferred	· · · · · · · · · · · · · · · · · · ·	_
	Convertible Securities (including warrants)	. \$	\$
	Partnership Interests	\$	
	Other (Specify)	\$	- <u> </u>
	Total	\$ 500,000.00	\$ 0.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
	offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors		\$
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)	<u>0</u>	\$_0.00
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering Rule 505	Type of Security	Dollar Amount Sold
	Regulation A	<del></del>	\$S
	Rule 504		\$ 0.00
	Total		\$ 0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees	<b>-</b>	s 0.00
	Printing and Engraving Costs		\$ 250.00
	Legal Fees		s 0.00

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<u>\$\_0.00</u>

\$\_0.00

\$\_0.00

\$\_0.00

□ \$\_

250.00

Accounting Fees .....

Engineering Fees .....

Sales Commissions (specify finders' fees separately)

Total .....

Other Expenses (identify)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF	PROCEEDS	
	b. Enter the difference between the aggregate offering price given in response to Part C — Question and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gros proceeds to the issuer."	is .	\$
5.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate an check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.	d	
		Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees	. 🔲 \$_0.00	. 🗆 \$
	Purchase of real estate	. 🗆 💲 0.00	\$ <u></u>
	Purchase, rental or leasing and installation of machinery and equipment	\$ <u>0.00</u>	s_0.00
	Construction or leasing of plant buildings and facilities		S0.00
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	\$ <u>_</u> 0.00	\$_0.00
	Repayment of indebtedness	<u>0.00</u>	\$_0.00
	Working capital		\$ 0.00
	Other (specify):	□ \$ <u>0.00</u>	<u>0.00</u>
		. 「 S	. [] <b>\$</b>
	Column Totals	. 🗆 \$ 0.00	S
	Total Payments Listed (column totals added)	. <u> </u>	00
	D. FEDERAL SIGNATURE		
sig	e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice to the justification of the justification is and Exchange Comme information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of	ission, upon writte	le 505, the following n request of its staff,
ss	uer (Print or Type)   Signature	Date	
Ra	andy Clouse Clothing Company	February 09, 20	07
Va	me of Signer (Print or Type) Title of Signer (Print or Type)		
٠ <u>.</u>	ndal K. Clouse President		

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E. STATE SIGNATURE	
1.	Is any party described in 17 CFR 230.262 provisions of such rule?	Yes No	
	S	ee Appendix, Column 5, for state response.	
2.	The undersigned issuer hereby undertakes t D (17 CFR 239.500) at such times as requ	o furnish to any state administrator of any state in which the ired by state law.	is notice is filed a notice on Form
3.	The undersigned issuer hereby undertakes issuer to offerees.	to furnish to the state administrators, upon written requi	est, information furnished by the
4.	limited Offering Exemption (ULOE) of the	issuer is familiar with the conditions that must be satisfies tate in which this notice is filed and understands that this ishing that these conditions have been satisfied.	
	uer has read this notification and knows the co thorized person.	ntents to be true and has duly caused this notice to be signed	d on its behalf by the undersigned
Issuer (	Print or Type)	Signature Date	
Randy	Clouse Clothing Company	Xeucle L Olle Febr	uary 09, 2007
Name (	Print or Type)	Title (Print or Type)	
Randa	! K. Clouse	President	

## Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or hear typed or printed signatures.

	50 40 40			AP	PENDIX				, ,
1	Intend to non-a investor	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pu	investor and rchased in State C-Item 2)		Disquali under Sta (if yes, explana waiver (Part E-	fication te ULOE attach tion of granted)
State	- Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									
CA									
СО									
СТ									
DE									
DC									
FL									
GA									
ні									
ID									
IL									
IN						_			
IA									
KS									
KY									
LA									
МЕ									
MD									
MA									
MI									
MN									
MS					-				

<u> </u>				APP	ENDIX .				7
1	Intend to non-a investor	2 I to sell ecredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State  (Part C-Item 2)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МО									
мт									
NE									
NV									
NH									
ИJ									
NM									
NY									
NC							_		
ND									
он									
ок					_				
OR									
PA									
RI									
SC									
SD									
TN									
TX	rody - species populary poblaci cypi					,			
UT		×	Common	0	\$0.00	0	\$0.00		×
VT									
VA									
WA									
wv									
WI									
1		l L	1	1	1	1	1		

	6 <del>7.</del> €			APP	ENDIX#				
]	Intend to sell to non-accredited investors in State (Part B-Item 1)		to non-accredited offering price investors in State offered in state			under St (if yes, explan waiver	lification ate ULOE, attach ation of granted)		
State	Yes	Νο		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY PR									

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